

# Recovery Works DARMHA Manual

DARMHA information updated as of December 2019

DARMHA is **only** to be used by DMHA certified treatment providers who have completed the Recovery Works application process. Recovery Residences levels 1-3 will not utilize DARMHA.

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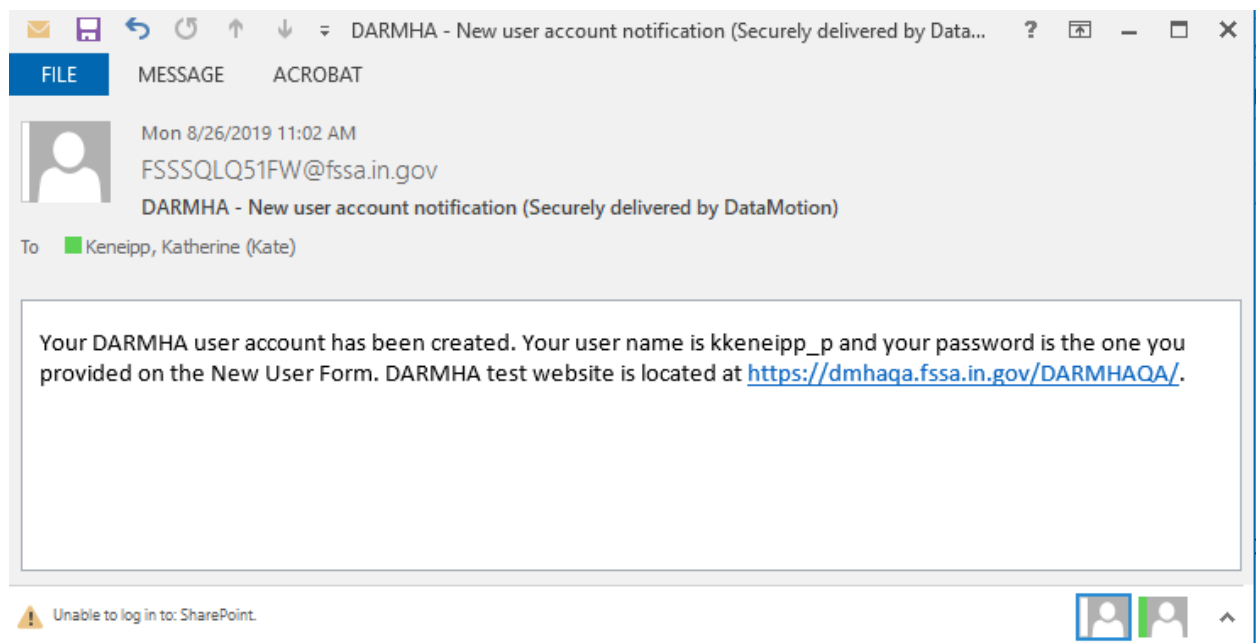
## DARMHA Enrollment

All Recovery Works participants who are receiving services at a DMHA certified treatment provider MUST first be enrolled in DARMHA (Data Assessment Registry Mental Health and Addiction). Once a participant is enrolled in DARMHA, agencies may bill in WITS (Web Infrastructure for Treatment Services).

1. Go to the DARMHA website. The website address is:  
<https://dmha.fssa.in.gov/DARMHA>
2. Log in using your unique log in information. If you do not have a DARMHA log in, go to the Recovery Works help desk (JIRA) at you will need to turn in a "DARMHA New User Form" to the Recovery Works  
<https://dmha.fssa.in.gov/helpdesk/?div=dmha> and submit a ticket with the form attached. The form can be found on at the Recovery Works website, [www.RecoveryWorks.fssa.IN.gov](http://www.RecoveryWorks.fssa.IN.gov). We will confirm that your agency is registered in DARMHA. If your agency is not in DAMRHA, we will work with you to get the "DARMHA Provider Registration Agreement Form" completed.

## Login New User


1. You will receive an email that looks like the following picture:



2. Click the link provided in the email. You will be taken to the DARMHA application.

# DARMHA

PZ - QA



DATA ASSESSMENT REGISTRY MENTAL HEALTH & ADDICTION

Home  
Documents  
Training  
Login

## Welcome to the Data Assessment Registry Mental Health and Addiction System!

**\*While you are in the process of completing a CANS and/or ANSA assessment in DARMHA please Process\Save your assessments every 15 - 20 minutes; this can save your work from being lost.**

**\*The DARMHA website can be used utilizing the following browsers: Microsoft Internet Explorer, Google Chrome, Mozilla Firefox and Apple Safari. If you experience problems, please contact the Support Center.**

Indiana is implementing common assessment tools to support decisions and monitor progress in several public service systems. In July 2008, behavioral health providers which contract with the

3. Select the 'Login' link. You will be taken to the Login screen. Enter your username and password (the password you put on the New User Form).

Home  
Documents  
Training  
Login

## Login

Username:

Password:

☒ Remember username

[Retrieve Password?](#)

4. Select the 'Log In' button. You will be taken to the User Profile screen.



## Find or Create Consumer

1. Search for the individual you would like to add. If there is “No Records Found,” click “Add New Consumer.” If they exist, move to Step Five.

Home Documents Training Logout Consumer Episodes Reports Import Export Admin Admin Contracts Admin Tools/Algos User Profile

User: Tina Smith (DMHA)  
Last Accessed On 12/10/2019 11:29:34 AM

### Consumer Search

Last Name :  Birth Date :

First Name :  SSN :

Internal ID :  Medicaid # :

DARMHA ID :

**No Records Found!**

2. Fill the Consumer page out and click “Insert.”

Home Documents Training Logout Consumer Episodes Reports Import Export Admin Admin Contracts Admin Tools/Algos User Profile

User: Tina Smith (DMHA)  
Last Accessed On 12/10/2019 11:29:34 AM

### Add Consumers

First Name:  Last Name:

Middle Name:  Suffix:

Mom's Maiden:  Birth Date:

Gender at Birth:  SSN:

Gender :  Medicaid/HIP ID #:

Internal ID:  Ethnicity:

Race (Choose all that apply) :

☐ **African American or Black**  
People having origins in any of the Black racial groups of Africa.

☐ **American Indian and Alaska Native**  
People having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Asian**  
People having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

☒ **Caucasian or White**  
People having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Native Hawaiian and Other Pacific Islander**  
People having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Other Single Race**  
None of the other race categories apply.

What is the consumer's primary language?

Does the consumer understand and communicate proficiently in English? ☐ Yes ☐ No ☒ Not Applicable

# Create Episode

## 1. Click "Create Episode."

Home Documents Training Logout Consumer Episodes Reports Import Export Admin Admin Contracts Admin Tools/Algos User Profile

Last Accessed On 12/10/2019 11:29:34 AM

### Consumer View

First Name:	<b>Violet</b>	Last Name:	<b>Rose</b>
Middle Name:	<b>Poppy</b>	Suffix:	
Mom's Maiden:	<b>Clover</b>	Birth Date:	<b>1/1/1945</b>
Gender at Birth:	<b>Female</b>	SSN:	<b>104-23-6005</b>
Gender:	<b>Female</b>	Medicaid/HIP ID #:	
Internal ID:		Ethnicity:	<b>Not Hispanic/Latino</b>
DARMHA ID:	<b>1383980</b>	Registration ID :	<b>631698</b>

Race (Choose all that apply) :

☐ **African American or Black**  
People having origins in any of the Black racial groups of Africa.

☐ **American Indian and Alaska Native**  
People having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Asian**  
People having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

☒ **Caucasian or White**  
People having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Native Hawaiian and Other Pacific Islander**  
People having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Other Single Race**  
None of the other race categories apply.

What is the consumer's primary language? English

Does the consumer understand and communicate proficiently in English? ☐ Yes ☐ No ☒ Not Applicable

Record was added on 12/11/2019 7:53:17 AM

[Edit Consumer](#) [Create Episode](#) [Add Assessment](#) [Remove Consumer](#) [Back To Search](#)

For issues, questions or comments about the web application, contact the [HelpDesk](#) or [Support Center](#).  
darmha@fssa.in.gov  
(317)-232-7925

DARMHA\_QA  
Version 4.5

2. Fill the Episode page out and click "Insert." The DARMHA required data manual is available on the Manuals section of the Recovery Works website if you need help determining what to enter in each box.

Home Documents Training Logout Consumer Episodes Reports Import Export Admin Admin Contracts Admin Tools/Algos User Profile

Last Accessed On 12/10/2019 11:29:34 AM

### Episode View - Rose, Violet

**Episode** Assessment Encounter NOMS EBP Diagnosis/Agreement SUD Treatment MRO

#### Building New Episode:

Internal Episode Code:

Episode Start Date:

Episode End Date:

Episode Status: Consumer in Treatment

DSC Status: Not a DMHA Supported Consumer

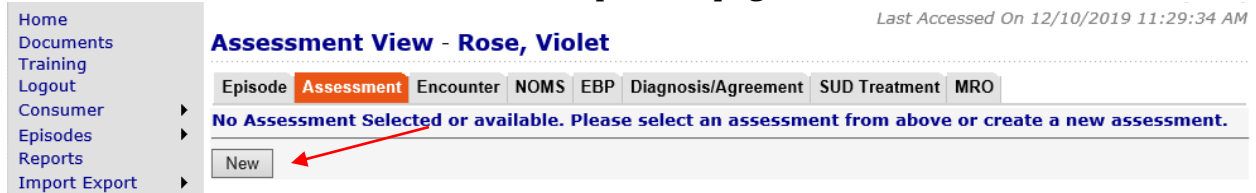
Marital Status:	<span>Single</span>	Insurance:	<span>None</span>
County:	<span>Hancock</span>	Military Service :	<span>No</span>
Zip Code:	<span>46140-</span>	Veteran :	<span>No</span>
Disability:	<span>None Known</span>	Deployed :	<span>No</span>
Referral Source:	<span>Individual/Self</span>	Combat :	<span>No</span>
Legal Basis:	<span>Not Applicable</span>	Family Member in Military :	<span>No</span>
Family Size:	<span>1</span>	Medicaid/HIP Active?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Family Income:	<span>30000</span>	SNAP/Food Stamps?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Prior Substance Abuse Episodes:	<span>0</span>	TANF?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Dependent Children?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

[Insert](#) [Cancel](#)

For issues, questions or comments about the web application, contact the [HelpDesk](#) or [Support Center](#).  
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(317)-232-7925

## Create Assessment

1. Click the Assessment tab at the top of the page, and click “New.”



Home Documents Training Logout Consumer Episodes Reports Import Export

Assessment View - Rose, Violet

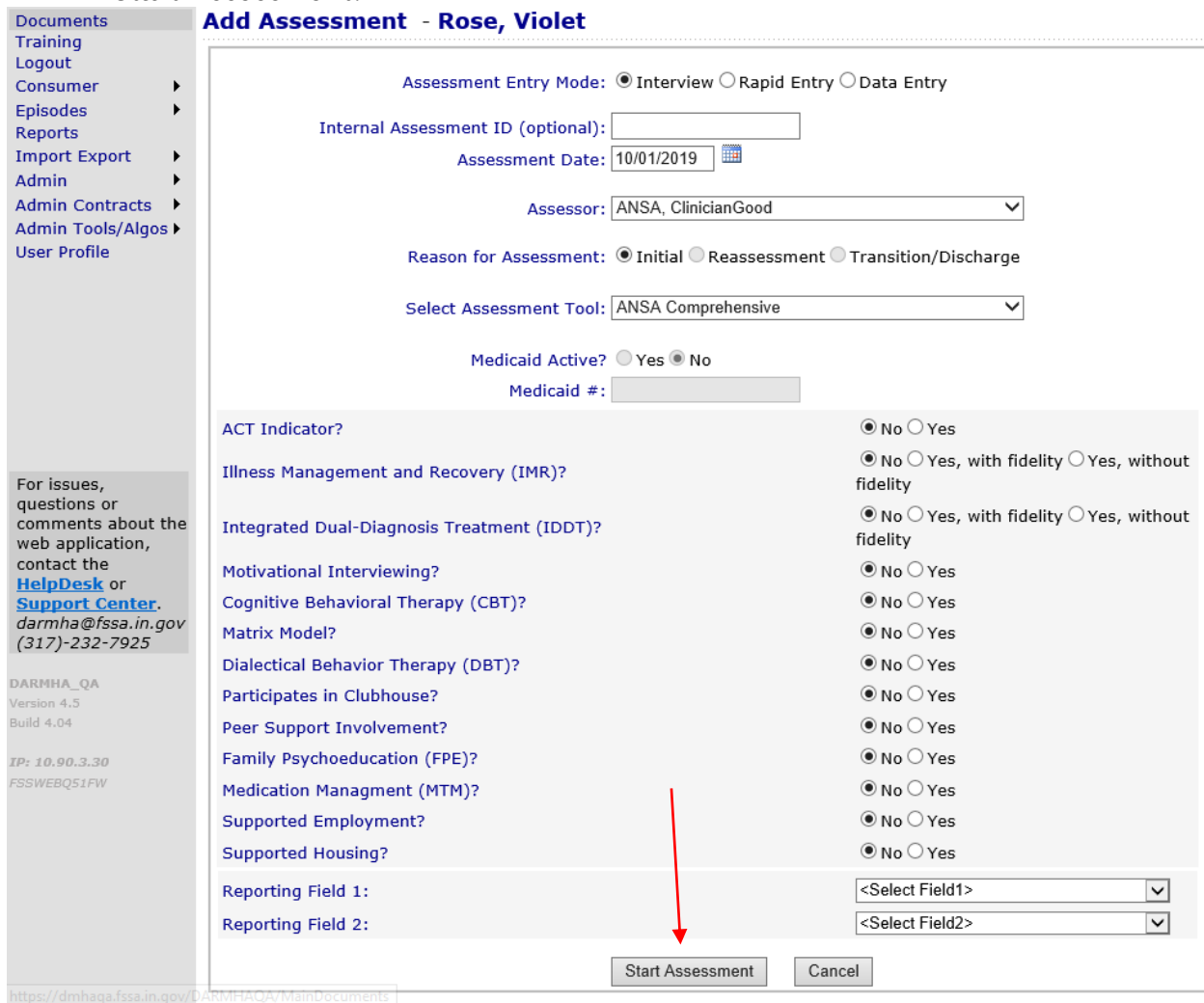
Episode Assessment Encounter NOMS EBP Diagnosis/Agreement SUD Treatment MRO

No Assessment Selected or available. Please select an assessment from above or create a new assessment.

New

Last Accessed On 12/10/2019 11:29:34 AM

2. Fill out the Assessment in “Interview” mode to get all of the questions and answers on the screen. Please remember that the Assessor **must** be ANSA certified and an active user in DARMHA. If you are not ANSA certified please go to <https://www.tcomtraining.com> to setup an account on the Praed Foundation website. Begin by Answering the Evidence Based Practice questions and click “Start Assessment.”



Documents Training Logout Consumer Episodes Reports Import Export Admin Admin Contracts Admin Tools/Algos User Profile

Add Assessment - Rose, Violet

Assessment Entry Mode: ☒ Interview ☐ Rapid Entry ☐ Data Entry

Internal Assessment ID (optional):

Assessment Date: 10/01/2019

Assessor: ANSA, ClinicianGood

Reason for Assessment: ☒ Initial ☐ Reassessment ☐ Transition/Discharge

Select Assessment Tool: ANSA Comprehensive

Medicaid Active? ☐ Yes ☒ No

Medicaid #:

ACT Indicator? ☒ No ☐ Yes

Illness Management and Recovery (IMR)? ☒ No ☐ Yes, with fidelity ☐ Yes, without fidelity

Integrated Dual-Diagnosis Treatment (IDDT)? ☒ No ☐ Yes, with fidelity ☐ Yes, without fidelity

Motivational Interviewing? ☒ No ☐ Yes

Cognitive Behavioral Therapy (CBT)? ☒ No ☐ Yes

Matrix Model? ☒ No ☐ Yes

Dialectical Behavior Therapy (DBT)? ☒ No ☐ Yes

Participates in Clubhouse? ☒ No ☐ Yes

Peer Support Involvement? ☒ No ☐ Yes

Family Psychoeducation (FPE)? ☒ No ☐ Yes

Medication Management (MTM)? ☒ No ☐ Yes

Supported Employment? ☒ No ☐ Yes

Supported Housing? ☒ No ☐ Yes

Reporting Field 1: <Select Field1>

Reporting Field 2: <Select Field2>

Start Assessment Cancel

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<https://dmhaga.fssa.in.gov/DARMHAQA/MainDocuments>

3. Move through each Domain and Module answering the assessment questions.



When finished, click “Close & Process Assessment.”

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Build 4.04  
IP: 10.90.3.30  
FSSWEBQ51FW

User: Tina Smith (DMHA)  
Last Accessed On 12/11/2019 7:40:32 AM

Assessment Format : Interview Mode

### ANSA Comprehensive (New)

Key

- Life Functioning Domain
- Strengths Domain
- Cultural Factors Domain
- Behavioral Health Needs Domain
- Risk Behaviors Domain
- Caregiver Needs and Resources Domain
- Vocational/Career Module
- Developmental Needs Module
- Parenting/Caregiver Role Module
- Trauma Module
- Traumatic Stress Symptoms
- Substance Use Module
- Suicide Module
- Dangerousness Module
- Sexually Aggressive Behavior Module
- Crime Module
- Health Module
- CURRENT SUBSTANCE USE**

Are you currently pregnant? ☐ Yes ☒ No

**Alcohol** Yes ☒ No ☐

Prior Treatment for Substance Use Disorders:

Outpatient Services	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Helpful <input checked="" type="radio"/> Not Helpful
Intensive Outpatient Services	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Helpful <input type="radio"/> Not Helpful
Partial Hospitalization	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Helpful <input type="radio"/> Not Helpful
Medication-Assisted Treatment	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Helpful <input type="radio"/> Not Helpful
Residential	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Helpful <input type="radio"/> Not Helpful
Inpatient	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Helpful <input type="radio"/> Not Helpful

Route: Oral Frequency Use: Three - six times per Used past 24 hours: No

**Cocaine/Crack** Yes ☐ No ☒

**Marijuana/Hashish/Cannabis Oils** Yes ☐ No ☒

**Heroin, Non-Prescription Methadone, Opiates and Synthetic Opioids (e.g. Oxycontin, Opana, Fentanyl)** Yes ☐ No ☒

**PCP** Yes ☐ No ☒

**Methamphetamine** Yes ☐ No ☒

**Benzodiazepines (e.g. Xanax, Klonopin, Ativan)** Yes ☐ No ☒

**Barbiturates** Yes ☐ No ☒

**Inhalants** Yes ☐ No ☒

**Other** Yes ☐ No ☒

Previous

Save Assessment Close & Process Assessment Cancel

Once you Close & Process Assessment the Algorithm results appear letting the user know what Level of Need the consumer meets.

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User: Tina Smith (DMHA)  
Last Accessed On 12/11/2019 7:40:32 AM

### Algorithm Results - Rose, Violet

Algorithm	Level	Option Recommendation	Result Date
ANSA Behavioral Health	1	Outpatient	12/11/2019
AMHH Needs - Based Criteria	0	Does not meet Criteria	12/11/2019

Return Print Detailed Assessment Results Print Individual Assessment Summary

Click return to go back to Episode View.

## Create SUD Admission

1. An SUD Admission is needed when you begin treatment. Select the 'SUD' tab.

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User: Tina Smith (DMHA)  
Last Accessed On 12/11/2019 7:40:32 AM

**SUD Treatment - Rose, Violet**

Episode Assessment Encounter NOMS EBP Diagnosis/Agreement **SUD Treatment** MRO

New Admission

2. Select the 'New Admission' button.

SUD Treatment - Rose, Violet

Episode Assessment Encounter NOMS EBP Diagnosis/Agreement **SUD Treatment** MRO

Admission

**ADMISSION**

Admission Date: 10/01/2019 Internal Admission ID:

Service Setting Type: AMBULATORY, NON-INTENSIVE OUTPATIENT

Service Setting: DMHA Test Facility 1

Location: Choose... 111 No Way Indianapolis IN 46204

Primary Diagnosis 1: F10.20 - ALCOHOL USE DISORDER, MODERATE OR SEVERE

Diagnosis 2:

Diagnosis 3:

Diagnosis 4:

Diagnosis 5:

Primary Substance: Alcohol

Route: Oral

Frequency: One-two times

Age First Used: 15

Secondary Substance: Not Applicable

Route: Not Applicable

Frequency: Not Applicable

Age First Used:

Tertiary Substance: Not Applicable

Route: Not Applicable

Frequency: Not Applicable

Age First Used:

Is the consumer receiving Medication-Assisted Treatment (MAT)? ☐ Yes ☒ No (Clear)

If yes, what medication is being prescribed? Not Applicable

If yes, is the prescriber a staff at your organization? ☐ Yes ☐ No

Specialized Treatment: None

SOGS:  ☐ (None)

**Health Conditions**

Diabetes? ☐ Yes ☒ No

Cardiovascular Disease? ☐ Yes ☒ No

Hypertension (High Blood Pressure)? ☐ Yes ☒ No

Hyperlipidemia (High Cholesterol)? ☐ Yes ☒ No

Cancer? ☐ Yes ☒ No

Smoking? ☒ Yes ☐ No

Obesity? ☐ Yes ☒ No

Asthma? ☐ Yes ☒ No

Chronic Obstructive Pulmonary Disease (COPD)? ☐ Yes ☒ No

Hepatitis A? ☐ Yes ☒ No

Hepatitis B? ☐ Yes ☒ No

Hepatitis C? ☐ Yes ☒ No

Tuberculosis (TB)? ☐ Yes ☒ No

Human Immunodeficiency Virus (HIV)? ☐ Yes ☒ No

Education Level: High School Graduate

School Attendance: No, consumer has not

Employment Status: Employed - Part Time

Employment Detail: Not Applicable

ROLES Score: Not Applicable

Living Arrangement: Not Applicable

Social Support: No attendance in the past

Needle Use: No, Consumer has not used

Criminal Involvement: 0

Currently Pregnant?: ☐ Yes ☒ No

Insert Admission Cancel

- Fill in the required fields and select the 'Insert Admission' button.

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User Profile

User: Tina Smith (DMHA)

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### SUD Treatment - Rose, Violet

Episode
Assessment
Encounter
NOMS
EBP
Diagnosis/Agreement
SUD Treatment
MRO

	Admission Date	Service Setting	Location	Discharge Date	Discharge Reason
Select	10/01/2019	AMBULATORY, NON-INTENSIVE OUTPATIENT	(1-001) DMHA Test Facility 1 - 111 No Way, Indianapolis, IN		

## Recovery Works Consumer Option

- Go to the Consumer - View (on left side menu).

Home

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Admin Tools/Algos

User Profile

User: Tina Smith (DMHA)

Last Accessed On 12/11/2019 10:51:08 AM

### Consumer View

First Name: **Violet**

Middle Name: **Poppy**

Mom's Maiden: **Clover**

Gender at Birth: **Female**

Gender: **Female**

Internal ID:

DARMHA ID: **1383980**

Last Name: **Rose**

Suffix:

Birth Date: **1/1/1945**

SSN: **104-23-6005**

Medicaid/HIP ID #:

Ethnicity: **Not Hispanic/Latino**

Registration ID : **631698**

Race (Choose all that apply) :

☐ **African American or Black**  
*People having origins in any of the Black racial groups of Africa.*

☐ **American Indian and Alaska Native**  
*People having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.*

☐ **Asian**  
*People having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.*

☒ **Caucasian or White**  
*People having origins in any of the original peoples of Europe, the Middle East, or North Africa.*

☐ **Native Hawaiian and Other Pacific Islander**  
*People having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

☐ **Other Single Race**  
*None of the other race categories apply.*

What is the consumer's primary language? English

Does the consumer understand and communicate proficiently in English? ☐ Yes ☐ No ☒ Not Applicable

Record was added on 12/11/2019 7:53:17 AM

Edit Consumer
Create Episode
Add Assessment
Remove Consumer
Back To Search

	Internal Episode #	Episode Start	Episode End	Episode Status	HAP Eligible Dt	HAP Status
Select		10/1/2019		Consumer in Treatment	10/1/2019	Not a DMHA Supported Consumer

For issues, questions or comments about the web application, contact the [HelpDesk](#) or [Support Center](#).  
darmha@fssa.in.gov  
(317)-232-7925

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- Click "Edit Consumer" to access the screen for editing. You will see a Recovery Works Consumer box on the bottom of the screen.

User: Tina Smith (DMHA)  
 Last Accessed On 12/11/2019 10:51:08 AM

Home

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User Profile

### Edit Consumer

First Name:

Middle Name:

Mom's Maiden:

Gender at Birth:

Gender:

Internal ID:

DARMHA ID: 1383980

Last Name:

Suffix :

Birth Date:

SSN :

Medicaid/HIP ID # :

Ethnicity:

Registration ID:

Race (Choose all that apply) :

☐ **African American or Black**  
*People having origins in any of the Black racial groups of Africa.*

☐ **American Indian and Alaska Native**  
*People having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.*

☐ **Asian**  
*People having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.*

☒ **Caucasian or White**  
*People having origins in any of the original peoples of Europe, the Middle East, or North Africa.*

☐ **Native Hawaiian and Other Pacific Islander**  
*People having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

☐ **Other Single Race**  
*None of the other race categories apply.*

What is the consumer's primary language?

Does the consumer understand and communicate proficiently in English? ☐ Yes ☐ No ☒ Not Applicable

☐ **Recovery Works Consumer**

For issues, questions or comments about the web application, contact the [HelpDesk](#) or [Support Center](#).  
 darmha@fssa.in.gov  
 (317)-232-7925

DARMHA\_QA  
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3. Click the “Recovery Works Consumer” check box.

User: Tina Smith (DMHA)  
Last Accessed On 12/11/2019 10:51:08 AM

Home

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Episodes ▸

Reports

Import Export ▸

Admin ▸

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Admin Tools/Algos ▸

User Profile

### Edit Consumer

First Name: <input type="text" value="Violet"/>	Last Name: <input type="text" value="Rose"/>
Middle Name: <input type="text" value="Poppy"/>	Suffix: <input type="text" value=""/>
Mom's Maiden: <input type="text" value="Clover"/>	Birth Date: <input type="text" value="01/01/1945"/>
Gender at Birth: <input type="text" value="Female"/>	SSN: <input type="text" value="104-23-6005"/>
Gender: <input type="text" value="Female"/>	Medicaid/HIP ID #: <input type="text" value=""/>
Internal ID: <input type="text" value=""/>	Ethnicity: <input type="text" value="Not Hispanic/Latir"/>
DARMHA ID: 1383980	Registration ID: <input type="text" value="631698"/>

Race (Choose all that apply) :

☐ **African American or Black**  
*People having origins in any of the Black racial groups of Africa.*

☐ **American Indian and Alaska Native**  
*People having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.*

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☐ **Native Hawaiian and Other Pacific Islander**  
*People having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

☐ **Other Single Race**  
*None of the other race categories apply.*

What is the consumer's primary language?

Does the consumer understand and communicate proficiently in English? ☐ Yes ☐ No ☒ Not Applicable

☒ **Recovery Works Consumer**

Please submit your consumer record to WITS and click Submit button below.

DOC ID #:

For issues, questions or comments about the web application, contact the [HelpDesk](#) or [Support Center](#).  
[darmha@fssa.in.gov](mailto:darmha@fssa.in.gov)  
(317)-232-7925

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Build 4.04

IP: 10.90.3.30  
FSSWEBQ51FW



- Once the box is checked, the DOC ID field will show up, add the DOC ID if appropriate. Select "Submit to WITS".
- Once you've submitted the participant to WITS, you will then see a message with the WITS unique client number (UCN).

[Support Center.](#)  
[darmha@fssa.in.gov](mailto:darmha@fssa.in.gov)  
(317)-232-7925

DARMHA\_QA  
Version 4.5  
Build 4.04

IP: 10.90.14.58  
FSSWEBQ51FW

Does the consumer understand and communicate proficiently in English? ☐ Yes ☐ No ☒ Not Applicable

☒ **Recovery Works Consumer**

*Consumer data has been successfully submitted to WITS (ID:F119504OR064100).*

DOC ID #:

Record last modified on 10/1/2019 2:07:07 PM



## Create SUD Discharge

1. An SUD Discharge when treatment is completed, the consumer dropped out of treatment or transferred to another facility. There will be only one because you can only have one Admission open at a time.
2. Select the open Admission.

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[darmha@fssa.in.gov](mailto:darmha@fssa.in.gov)  
(317)-232-7925

User: Tina Smith (DMHA)  
Last Accessed On 12/11/2019 10:51:08 AM

### SUD Treatment - Rose, Violet

Episode	Assessment	Encounter	NOMS	EBP	Diagnosis/Agreement	SUD Treatment	MRO
Admission Date	Service Setting	Location	Discharge Date	Discharge Reason			
Select 10/01/2019	AMBULATORY, NON-INTENSIVE OUTPATIENT	(1-001) DMHA Test Facility 1 - 111 No Way, Indianapolis, IN					

Admission

Discharge

View Encounters

#### ADMISSION

Admission Date: 10/01/2019    Admission ID: 10109    Internal Admission ID:

Service Setting Type: AMBULATORY, NON-INTENSIVE OUTPATIENT

Service Setting Location: (1-001) DMHA Test Facility 1 - 111 No Way, Indianapolis, IN

Primary Diagnosis 1: F10.20 - ALCOHOL USE DISORDER, MODERATE OR SEVERE

Diagnosis 2:

Diagnosis 3:

Diagnosis 4:

Diagnosis 5:

Primary Substance: Alcohol    Secondary Substance: Not Applicable    Tertiary Substance: Not Applicable

Route: Oral    Route: Not Applicable    Route: Not Applicable

Frequency: One-two time    Frequency: Not Applicable    Frequency: Not Applicable

Age First Used: 15    Age First Used:    Age First Used:

3. Select the 'Discharge' button on the left side of the screen.

Home  
Documents  
Training  
Logout  
Consumer  
Episodes  
Reports  
Import Export  
Admin  
Admin Contracts  
Admin Tools/Algos  
User Profile

For issues, questions or comments about the web application, contact the [HelpDesk](#) or [Support Center](#).  
darmha@fssa.in.gov  
(317)-232-7925

User: Tina Smith (DMHA)  
Last Accessed On 12/11/2019 10:51:08 AM

## SUD Treatment - Rose, Violet

Episode	Assessment	Encounter	NOMS	EBP	Diagnosis/Agreement	SUD Treatment	MRO
Select	10/01/2019	AMBULATORY, NON-INTENSIVE OUTPATIENT	(1-001) DMHA Test Facility 1 - 111 No Way, Indianapolis, IN				

Admission

Discharge

View Encounters

### DISCHARGE

Discharge Date: 12/10/2019

Discharge Reason: Transferred to Another Treatment Program or I

Employment Status: Employed - Part Time(6 - 10 hours)

Employment Detail: Not Applicable

ROLES Score: Not Applicable

Living Arrangement: Independent Living

Social Support: Less than once a week (1-3 times in past mont)

Criminal Involvement: 0

Primary Substance: Alcohol  
Frequency: None in the

Secondary Substance: Not Applicable  
Frequency: Not Applicab

Tertiary Substance: Not Applicable  
Frequency: Not Applicab

Insert Discharge Cancel

Previous

4. Fill in the required fields and select the 'Insert Discharge' button.

Home  
Documents  
Training  
Logout  
Consumer  
Episodes  
Reports  
Import Export  
Admin  
Admin Contracts  
Admin Tools/Algos  
User Profile

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DARMHA\_QA  
Version 4.5

User: Tina Smith (DMHA)  
Last Accessed On 12/11/2019 10:51:08 AM

## SUD Treatment - Rose, Violet

Episode	Assessment	Encounter	NOMS	EBP	Diagnosis/Agreement	SUD Treatment	MRO
Select	10/01/2019	AMBULATORY, NON-INTENSIVE OUTPATIENT	(1-001) DMHA Test Facility 1 - 111 No Way, Indianapolis, IN				

Admission

Discharge

View Encounters

### DISCHARGE

SUD Discharge ID: 48

Discharge Date: 12/10/2019

Discharge Reason: Transferred to Another Treatment Program or I

Employment Status: Employed - Part Time(6 - 10 hours)

Employment Detail: Not Applicable

ROLES Score: Not Applicable

Living Arrangement: Independent Living

Social Support: Less than once a week (1-3 times in past mont)

Criminal Involvement: 0

Primary Substance: Alcohol  
Frequency: None in the

Secondary Substance: Not Applicable  
Frequency: Not Applicab

Tertiary Substance: Not Applicable  
Frequency: Not Applicab

Close Discharge

Previous

5. The Discharge record is now closed and can't be edited.